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**From :** Barry S. Wilson**Date :** February 27, 2004**Client/Matter No :** 088802-2753**User ID No :** 3067**MESSAGE:****Re:** U.S. Patent Application No. 09/515,276  
**Our Ref.:** SALK1650-2 (088802-2753)

Attached please find:

- Notice of Appeal (2 pages);
- Authorization to charge Deposit Account No. 50-0872 in the amount of \$165.00.

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PATENT

Atty. Docket No. SALK1650-2

(088802-2751)

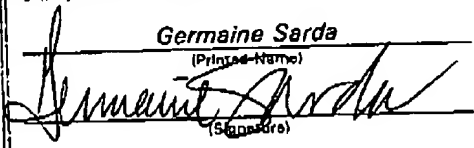
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

FEB 27 2004

Applicant: Marc R. Montminy  
Title: METHODS FOR TREATING  
DIABETES MELLITUS  
Appl. No.: 09/515,276  
Filing Date: 02/29/2000  
Examiner: D. Wortman  
Art Unit: 1648

|  |
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| <b>CERTIFICATE OF FACSIMILE TRANSMISSION</b><br>I hereby certify that this paper is being facsimile<br>transmitted to the United States Patent and Trademark<br>Office, Alexandria, Virginia on the date below.<br><br><u>Germaine Sarda</u><br>(Printed Name)<br><br>(Signature)<br><br><u>February 27, 2004</u><br>(Date of Deposit) |
|--|

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated 11/28/2003, of the Examiner finally rejecting Claims 1-7, 12 and 17-33.

☒ Applicant claims small entity status.

☒ Notice of Appeal Fee

☒ To be paid as detailed below

PATENT  
Atty. Docket No. SALK1650-2  
(088802-2753)

The required fees are calculated below:

|                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee                             | \$330.00 |
| <input type="checkbox"/>            | Extension month:                                 | \$0.00   |
| <input type="checkbox"/>            | Extension:                                       | \$0.00   |
|                                     | FEE TOTAL:                                       | \$330.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract 1/2 of above): | \$165.00 |
|                                     | TOTAL FEE:                                       | \$165.00 |

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$165.00 . A duplicate copy of this transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 27, 2004

By Barry S. Wilson  
Barry S. Wilson  
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